7 ()/// (*O-8/5 -	Ro.	U.S. DEPARTA	CHI OF COM	01 In 1.	Si HIAL HUM		<del></del>	<sup>…</sup> [பால்கர	
REISSUE PATENT APPLICATION FEE DETERMINATION					0/5 950			2-2	77-70
	•	BECORD U.S.C. 111			Bus	ch		2	<del>/_//</del>
Patont N	٥.		CLAIMS	AS FILI	D - PART I			<u> </u>	·
Patont Claims	{1} FOR		NUMBER FILED ***		HUMBER REALIZE		(4) RATE		DASIC I CE S65:00
(A)	TOTAL CLAIMS	(B)	(B) 2		6-9-0-0-		O · 57.00		
(c)	INDEPEND CLAIMS		1		(D-C)			210.00	· · - <del>- · · · · · · · · · · · · · · · ·</del>
							TOTAL FI	LING	65
			CLAIMS AS	AMENC	ED . PART I	ı			
	<b>(!)</b>	(2) CLAIMS REMAINING AFTER	(3)	PR	HEST NO.		(S) ESCHT XTRA	(6) RATE	ADDITIONA
AMENDMENT		AMENDUENT		<u>                                     </u>		7410 7011			, FEE
	TOTAL	DTAL		****		*		- 52	<b>:</b>
	INCEP.	,	MINUS	(Higher of C or D)		.	, .	- \$10	:
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								
AMENDMENT	TOTAL		MINUS	*:>		*:		* 52	1
	INDEP.		MINUS					* \$10	-
			•;	;	TOTAL ADDITIONAL FEE F		FCE FOR	<u></u>	
AMEROMENT	TOTAL		MINUS	aka	ic .	* :		- 32	:
	MDEP.		міниѕ		-	=		- 510	·
	TOTAL ADDITIONAL FEE FOR THIS AMEHOMENT								
•	TOTAL		MINUS	*:>	k	*		* \$2	:
AMENDMENT	INDEP.		MIHUS			=		- 510	:
	TOTAL ADDITIONAL FCC FOR THIS AN HOMENT								

<sup>\*</sup>If the entry in Column 2 is less than the entry in Column 4, write "O" in Column 5.

\*\*If the "Highest Number Provincely Poid For" IN THIS SPACE is less than 10, write "10" in this space.

#### After cancelations in Rule 60 applications.

##### If "A" is greater than 10, use (B-A); if "A" is 10 or less, use (B-15).

\*\*\*\*\*\* Higher of "A" or "B" if either is larger than 10, otherwise ase 10.